Notice of defective response

Notice of defective translation

Notification of Abandonment

DO/EO 916

DO/EO 913

**DO/EO** 909

REQUEST FOR PATENT FEE REFUND 10/52303	
1 Date of Request: 2	Serial/Patent #
3 Please refund the following fee(s):	4 PAPER 5 DATE 6 AMOUNT
Filing	\$
Amendment	\$
Extension of Time	\$
Notice of Appeal/Appeal	\$
Petition	\$
Issue	\$
Cert of Correction/Terminal Dis	c. \$
Maintenance	\$
Assignment	\$
Other	\$
	7 TOTAL AMOUNT OF REFUNDED BY:
10 REASON:	8 TO BE REFUNDED BY:  Treasury Check \$56.69
Overpayment	Credit Deposit A/C #:
Duplicate Payment	, , , , , , , , , , , , , , , , , , , ,
11 REFUND REQUESTED BY:	
TYPED/PRINTED NAME:	######################################
SIGNATURE:	PHONE: -250.00 OF
OFFICE: ************************************	
APPROVED:	DATE:

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B

PORM PTO 1577 (01/90)